



Incident Report

Print Date/Time: 01/06/2016 11:06
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000169

Incident Date/Time: 1/3/2016 7:39:00 PM
Location: 717 SR 9 NE
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Traffic
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0127-Adams

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
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Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					AUD3560	

Disposition(s)

Disposition	Count
S	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E502208**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-000169
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	03	OBJECT STRUCK	
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DATE OF COLLISION	01 - 04 - 2016	TIME (2400)	0715	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>		
83RD AVE SE				BLOCK NO.	<input checked="" type="checkbox"/>	2000
				MILE POST	<input type="checkbox"/>	

DISTANCE	75	00	MILES	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	20TH ST SE
			FEET	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	D: 4257506440
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LAST NAME	MUTHIORA	FIRST NAME	PETER	MIDDLE INITIAL	K
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STREET NEW ADDRESS	119 91ST AVE SE APT 3A
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CITY	LAKE STEVENS	ST	WA	ZIP	982583395
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MUTHIPK2350A	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	-	01	-	1977
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	224ZJN	STATE	WA	VIN#	1NXBU40E29Z058371
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2009	MAKE	TOYT	MODEL	COR4D	STYLE	4D	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PETER MUTHIORA 7606 34TH ST NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMICA 960346-3130
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	D: 4257609281
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LAST NAME	SCHRADER	FIRST NAME	JACOB	MIDDLE INITIAL	P
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STREET NEW ADDRESS	6227 92ND AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982584002
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	SCHRAJP073MN	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	07	-	15	-	1993
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	APR5514	STATE	WA	VIN#	JTDDY32T3Y0008401
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	TOYT	MODEL	CEL3D	STYLE	2L	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PAUL CHAVEZ 8324 5TH ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4097-40-17-82
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VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E502208**CASE # **16-000169**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 3 was stopped, waiting for traffic to proceed forward. Unit 2 came up behind Unit 3 and was unable to slow down due to ice on the roadway. Unit 2 moved right to avoid hitting Unit 3. Unit 1 also could not slow down due to ice on the roadway and hit Unit 2, forcing Unit 2 into Unit 3. There were no reported injuries and all vehicles were driven from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
01-04-16 08:59 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
1/5/2016 9:56:39 PM

BADGE OR ID #	0075	ORI #	WA0311900	TIME POLICE DISPATCHED	7:15 AM	TIME POLICE ARRIVED	7:31 AM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E502208
CASE # 16-000169
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE** **D: 4253274398**
LAST NAME **SAACK** **FIRST NAME** **SHAWN** **MIDDLE INITIAL** **M**
STREET NEW ADDRESS **8319 6TH PL SE**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **982583688**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **SAACKSM355CC** **STATE** **WA** **SEX** **F** **D.O.B.** **MMDDYYYY** **02** - **03** - **1965**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** ☐ **INJURY CLASS** **1** **NATURE OF INJURIES** ☐
LICENSE PLATE # **311XHT** **STATE** **WA** **VIN#** **5FNYP18288B050090**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2008** **MAKE** **HOND** **MODEL** **PILOT** **STYLE** **UT** **VEHICLE TOWED** ☐ **YES** ☒ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☐ **YES** ☒ **NO** ☐

 REGISTERED OWNER INFO. **BRADLEY SAACK 8319 6TH PL SE LAKE STEVENS WA 98258**

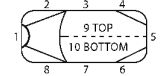
SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **STATE FARM L11 1481-D23-47N**
VEHICLE LEGALLY STANDING ☒ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☐ **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** ☐ **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☐ **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING ☐ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
01-04-16 08:59 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

BADGE OR ID # **0075** **ORI #** **WA0311900** **APPROVED BY** **SUMMERS** **DATE** **1/5/2016** **PAGE** **3** **OF** **4**

REPORT NO. E502208

CASE # 16-000169

DATE AND TIME
OF COLLISION 01/04/16 07:15



DRAWING IS NOT TO SCALE

